

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF FLORIDA  
**25-CR-20281-RUIZ/LOUIS**  
Case No. \_\_\_\_\_

18 U.S.C. § 1347  
18 U.S.C. § 1956(h)  
18 U.S.C. § 982(a)(1)  
18 U.S.C. § 982(a)(7)

UNITED STATES OF AMERICA

vs.

MARLEN VELIZ RIOS,

Defendant.

FILED BY BM D.C.

**Jun 17, 2025**

ANGELA E. NOBLE  
CLERK U.S. DIST. CT.  
S. D. OF FLA. - MIAMI

**INDICTMENT**

The Grand Jury charges that:

**GENERAL ALLEGATIONS**

At all times relevant to this Indictment:

**The Medicare Program**

1. The Medicare Program (“Medicare”) was a federal health care program that provided free or below-cost health care benefits to individuals who were sixty-five years of age or older or disabled. The benefits available under Medicare were governed by federal statutes and regulations. The United States Department of Health and Human Services (“HHS”), through its agency the Center for Medicare and Medicaid Services (“CMS”), oversaw and administered Medicare. Individuals who received benefits under Medicare were commonly referred to as Medicare “beneficiaries.”

2. Medicare was a “health care benefit program” as defined in Title 18, United States Code, Section 24(b).

3. Medicare was subdivided into multiple program “parts.” Medicare Part A covered health care services provided by hospitals, skilled nursing facilities, hospices, and home health agencies. Medicare Part B covered physician services and outpatient care, including an individual’s access to durable medical equipment (“DME”).

#### **Durable Medical Equipment**

4. DME was equipment designed for everyday or extended use and for a medical purpose, such as collagen dressing, skin grafts, orthopedic braces, and pacemaker monitors.

5. Medicare reimbursed DME companies and other health care providers for items and services rendered to beneficiaries. To receive payment, providers submitted or caused the submission of claims, either directly or through a billing company.

6. A claim for DME reimbursement was required to set forth, among other things, the beneficiary’s name and unique identification number, the equipment provided to the beneficiary, the date the equipment was provided, the cost of the equipment, and the name and unique physician identification number of the physician who prescribed or ordered the equipment.

7. A claim for DME qualified for reimbursement only if it was medically necessary for the treatment of the beneficiary’s illness or injury, prescribed by a licensed physician, and actually provided to the beneficiary as billed.

8. A “bust out DME fraud” involved a DME company engaged in a fraudulent scheme whereby the participants coordinated the purchase of a health care business through which to conduct the fraud. The scheme operated by using the insurance information for beneficiaries and the National Provider Identifier (“NPI”) for one or more physicians without their knowledge or consent to bill for services that were not medically necessary and/or never provided. The organizers then executed the fraud rapidly in order to maximize billing before the fraud was

detected and Medicare, Medicaid, and/or another health insurer shut the billing down.

**The Defendant and Related Entities**

9. Loves Community Mental Health Inc. (“LOVES”) was a Florida corporation located at 704 Southwest 17th Avenue, Suite 5, Miami, Florida, which purportedly provided DME products to Medicare beneficiaries.

10. LOVES had a corporate bank account at J.P. Morgan Chase Bank (“Chase”) with an account ending in 3787 (the “LOVES Account”).

11. MAVERI Inc. (“MAVERI”) was a Florida corporation, located at 7201 Northwest 174th Terrace, Unit 207, Hialeah, Florida, which received Medicare funds from LOVES and transferred those funds to other entities and individuals. MAVERI had corporate bank accounts at Chase ending in 3440 (“MAVERI Account-1”) and in 7671 (“MAVERI Account-2”).

12. MV Broker LLC (“MV BROKER”) was a Florida corporation located at 7201 Northwest 174th Terrace, Unit 207, Hialeah, Florida, which received Medicare funds from LOVES and transferred those funds to other entities and individuals. MV BROKER had a corporate bank account at Chase ending in 5163 (the “MV BROKER Account”).

13. MV Group Holding LLC (“MVGH”) was a Florida corporation located at 7201 Northwest 174th Terrace, Apartment 207, Hialeah, Florida, which received Medicare funds from LOVES and transferred those funds to other entities and individuals. MVGH had corporate bank accounts at Chase ending in 1807 (“MVGH Account-1”) and in 6963 (“MVGH Account-2”).

14. MAVERI, MV BROKER, and MVGH (the “Shell Companies”) were companies that appeared to only receive fraudulently obtained Medicare funds from LOVES in their bank accounts (collectively, the “Shell Company Accounts”), which then also issued checks to other entities and individuals.

15. Defendant **MARLEN VELIZ RIOS** was the sole officer and registered agent of LOVES, MAVERI, MV BROKER, and MVGH, and a resident of Miami-Dade County, Florida.

**COUNTS 1-6**  
**Health Care Fraud**  
**(18 U.S.C. § 1347)**

1. The General Allegations section of this Indictment is re-alleged and incorporated by reference as if fully set forth herein.

2. From in or around August 2024, and continuing through in or around January 2025, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

**MARLEN VELIZ RIOS,**

in connection with the delivery of and payment for health care benefits, items, and services, did knowingly and willfully execute, and attempt to execute, a scheme and artifice to defraud a health care benefit program affecting interstate commerce, as defined by Title 18, United States Code, Section 24(b), that is, Medicare, and to obtain, by means of materially false and fraudulent pretenses, representations, and promises, money and property owned by, and under the custody and control of, said health care benefit program.

**PURPOSE OF THE SCHEME AND ARTIFICE**

3. It was a purpose of the scheme and artifice for the defendant to unlawfully enrich herself by, among other things: (a) submitting and causing the submission of false and fraudulent claims to a health care benefit program; (b) concealing the submission of false and fraudulent claims to a health care benefit program; (c) concealing the receipt of the fraud proceeds; (d) diverting the fraud proceeds to shell companies to distribute and conceal proceeds of the fraud scheme; and (e) diverting the fraud proceeds for her personal use and benefit, the use and benefit of others, and to further the fraud scheme.

**THE SCHEME AND ARTIFICE**

4. **MARLEN VELIZ RIOS** submitted and caused LOVES to submit false and fraudulent claims to Medicare in the approximate amount of \$15,349,089 for DME that was medically unnecessary and not provided to Medicare beneficiaries as represented.

5. As a result of such false and fraudulent claims, Medicare paid approximately \$10,033,562 to LOVES through the LOVES Account.

6. Upon deposit of the fraud proceeds, **MARLEN VELIZ RIOS** caused several bank transfers from the LOVES Account to the Shell Company Accounts in order to conceal the nature, location, ownership, and control of the fraud proceeds, and to distribute the funds to herself and others.

7. **MARLEN VELIZ RIOS** used the proceeds of the fraud for her personal use and benefit, the use and benefit of others, and to further the fraud scheme.

**ACTS IN EXECUTION OF THE SCHEME AND ARTIFICE**

8. On or about the dates set forth below, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant did knowingly and willfully execute, and attempt to execute, the above-described scheme and artifice to defraud a health care benefit program, in that the defendant, through LOVES, caused the submission of false and fraudulent claims to Medicare seeking reimbursement for the cost of DME, as set forth below:

Count	Approx. Date of Claim Submission	Medicare Beneficiary	Item(s) Claimed; Approx. Amount Claimed
1	August 22, 2024	I.L.	Q4326 WoundPlus (Wound/Skin Graft) / \$14,392
2	October 3, 2024	I.L.	Q4326 WoundPlus (Wound/Skin Graft) / \$7,196
3	October 11, 2024	B.B.	Q4326 WoundPlus (Wound/Skin Graft) / \$86,256
4	November 19, 2024	L.G.	Q4275 Esano Aca (Wound/Skin Graft) / \$81,000
5	December 6, 2024	R.B.	Q4275 Esano Aca (Wound/Skin Graft) / \$97,200
6	January 17, 2025	A.R.	Q4275 Esano Aca (Wound/Skin Graft) / \$97,200

In violation of Title 18, United States Code, Sections 1347 and 2.

**COUNT 7**  
**Conspiracy to Commit Money Laundering**  
**(18 U.S.C. § 1956(h))**

1. The General Allegations section and paragraphs 5 through 7 of the Scheme and Artifice section of Counts 1-6 of this Indictment are re-alleged and incorporated by reference as though fully set forth herein.

2. From in or around August 2024 and continuing through in or around February 2025, in Miami-Dade County, in the Southern District of Florida, and elsewhere, the defendant,

**MARLEN VELIZ RIOS,**

did knowingly and voluntarily combine, conspire, confederate and agree with other persons known and unknown to the Grand Jury to commit money laundering offenses, that is:

(a) to knowingly conduct a financial transaction affecting interstate and foreign commerce, which transaction involved the proceeds of specified unlawful activity, knowing that the property involved in the transaction represented the proceeds of some form of unlawful activity, and knowing that the transaction was designed, in whole and in part, to conceal and disguise the nature,



location, source, ownership, and control of the proceeds of specified unlawful activity, in violation of Title 18, United States Code, Section 1956(a)(1)(B)(i); and

(b) to knowingly engage in a monetary transaction affecting interstate and foreign commerce, by, through, and to a financial institution, in criminally derived property of a value greater than \$10,000, such property having been derived from specified unlawful activity, knowing that the property involved in the monetary transaction represented the proceeds of some form of unlawful activity, in violation of Title 18, United States Code, Section 1957(a).

It is further alleged that the specified unlawful activity is health care fraud, in violation of Title 18, United States Code, Section 1347.

All in violation of Title 18, United States Code, Section 1956(h).

### **FORFEITURE ALLEGATIONS**

1. The allegations of this Indictment are hereby re-alleged and by this reference fully incorporated herein for the purpose of alleging forfeiture to the United States of certain property in which the defendant, **MARLEN VELIZ RIOS**, has an interest.

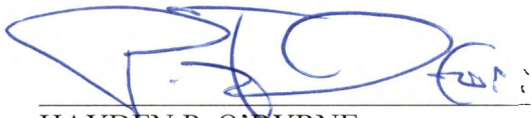
2. Upon conviction of a violation Title 18, United States Code, Section 1347, as alleged in this Indictment, the defendant shall forfeit to the United States any property, real or personal, that constitutes or is derived, directly or indirectly, from gross proceeds traceable to the commission of the offense, pursuant to Title 18, United States Code, Section 982(a)(7).

3. Upon conviction of a violation of, or conspiracy to violate, Title 18, United States Code, Sections 1956 and/or 1957, as alleged in this Indictment, the defendant shall forfeit to the United States any property, real or personal, involved in such offense, and any property traceable to such property, pursuant to Title 18, United States Code, Section 982(a)(1).

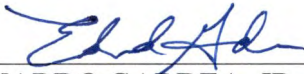
All pursuant to Title 18, United States Code, Sections 982(a)(1) and 982(a)(7), and the procedures set forth at Title 21, United States Code, Section 853, as incorporated by Title 18, United States Code, Section 982(b)(1).

A TRUE BILL

FOREPERSON



HAYDEN P. O'BYRNE  
UNITED STATES ATTORNEY



EDUARDO GARDEA, JR.  
ASSISTANT UNITED STATES ATTORNEY